

## 2013 – 2014 Children’s Mental Health Key Activities

### Overview

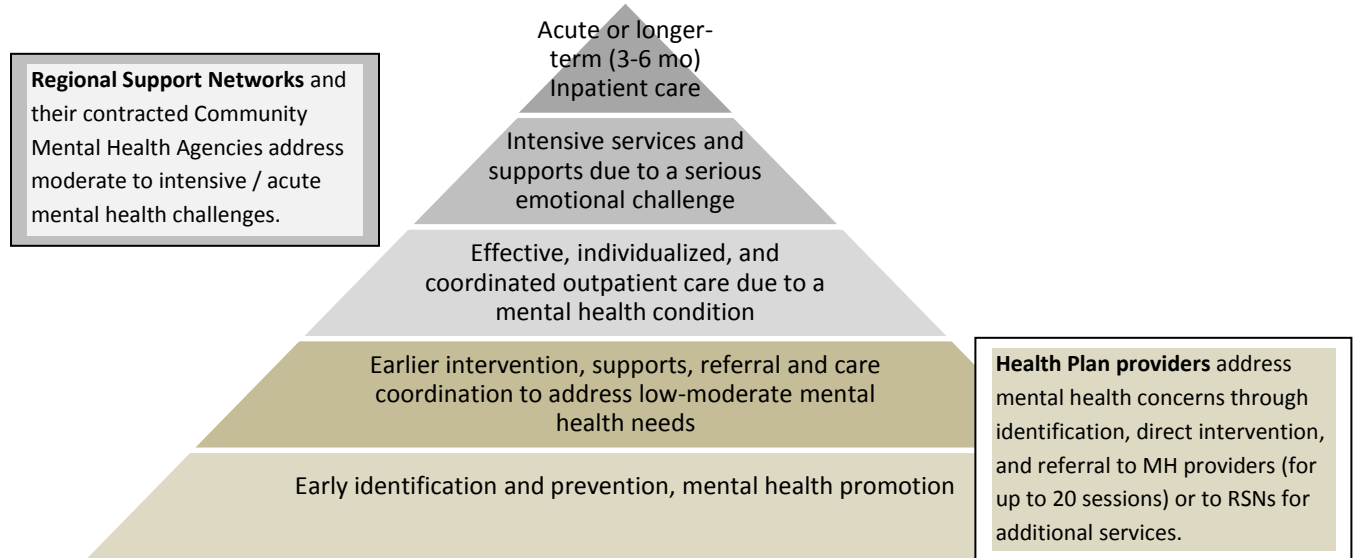
Over the last decade Washington State government provided direction for improvements to the Children’s Mental Health System. This direction has been clarified in recent years by:

- SSHB 1088, passed in 2007 regarding children’s mental health services
- T.R. vs. Dreyfus & Porter Medicaid federal class action lawsuit in 2009 regarding insufficient access to intensive home and community based services for children and youth with serious emotional disturbances, and
- ESSHB 2536, passed in 2012, regarding children and juvenile services – evidence-based practices.

The executive branch of DSHS and DBHR, along with state and local child-serving system partners and youth and family leaders, continue to work to implement the Secretary’s and Legislature’s vision. The redesigned system will be effective, coordinated, community-based, and culturally responsive with a sufficient array of flexible and coordinated outpatient and home and community-based services and supports. The plan outlined here is the mechanism through which we will partner with the legislative branch to move the system forward. We will utilize the recently awarded federal system of care infrastructure grant to meet this legislative intent.

### Who will we serve?

The Washington public mental health system serves children and youth ages 0 - 20 on Medicaid with mental health challenges, and their families. Additional services are available for those with no insurance or private coverage if they are in crises or as local systems have funded added services and supports. The primary focus of redesign is on the areas of mental health services provided by the Regional Support Networks (RSNs) and identified in the top three rows in the diagram below. The bottom two rows show how the Health Care Authority, which primarily addresses physical health needs, also addresses the mental health of all enrolled children. Children and youth may need mental health services that are:



### What Services

The array of available services and supports will expand beyond current capacity so that more than traditional outpatient and acute or longer-term inpatient is available statewide to those who need them. This includes clinically relevant and cost-effective home- and community-based interventions, such as evidenced-based practices and intensive home-based services, family and youth peer support, intensive care coordination, therapeutic behavioral supports, skills training, mobile crisis response and stabilization services, and therapeutic mentoring.

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### Required Key Activities of the Children’s Mental Health Redesign

#### 1. Quality Services and Supports

##### Screening and Assessments to link to the right services and supports at the right time

Deliverable	Drivers	Due Date	Status
Identify screening tools and protocols for referral to public mental health services across Tribes, primary care (including Healthy Options and Fee for Service), schools, child welfare, juvenile justice, developmental disabilities and other child-serving systems.	TR	June 2013	In progress
Implement Child Adolescent Needs and Strengths (CANS) tool to identify strengths and needs of a child and family and demonstrate outcomes of treatment over time at individual, provider, and system levels	TR	January 2014	In progress
- Develop Washington version of CANS tools	TR	June 2013	Completed Oct 2012
- Implement twelve CANS learning collaborative testing sites and train and certify 80 users	TR	June 2013	Starting Dec 2012
- Train and certify users statewide	TR	September 2013	Planned

##### Availability of services and supports

Deliverable	Drivers	Due Date	Status
Financing recommendations to address service and support needs	TR, 2536	April 2013	In progress
Complete List of Evidence Based Practices (EBPs) for use in child-serving systems (WSIPP and EBPI)	2536	September 2012	Completed Oct 2012
Capture EBP survey data and update data collection system in DBHR Client Information System (CIS)	2536, TR	March 2013	In progress
Implement Wraparound (Child and Family Teams [CFTs])	TR, 1088	June 2014	In progress
Implement EBPs and Intensive Services statewide	TR, 2536	July 2014	Phased implementation

##### Workforce Development

Deliverable	Drivers	Due Date	Status
Workforce development team develops model for training and support for wraparound/CFTs, intensive services, and system access	TR	June 2013	In progress
Identify EBP Workforce Development needs	2536	December 2013	In progress
Parent-professional partner training model developed	TR, 1088	April 2014	In progress
Implement Wraparound (CFTs) workforce development model	TR, 1088	June 2014	In progress
Implement EBPs and Intensive Services workforce development model	TR, 2536	July 2014	Phased implementation

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### 2. Youth and Family Partnership at all Levels

#### Family Youth and System Partner Roundtables (FYSPRTs) Development and Maintenance

Deliverable	Drivers	Due Date	Status
Development of four regional and one statewide FYSPRT with charters and defined roles and responsibilities	TR	June 2013	Completed March 2012
Sustain and expand regional FYSPRTs, including adding four local FYSPRTs within each region	TR	December 2013	In progress
Youth and family voice is integrated into children’s mental health executive leadership functions	TR, 2536	September 2013	In Progress

#### Youth and Family Skill Development

Deliverable	Drivers	Due Date	Status
Develop youth and family peer support curriculum	TR, 1088	December 2012	In progress
Implement a youth and family peer-to-peer support model	1088, TR	November 2013	In Progress
Identify a baseline of certified family peer partners, and double the number of family peer partners working in agencies	TR	Ongoing	In Progress
Identify a baseline of certified youth peers partners, and double the number of youth peers working in agencies	TR	Ongoing	In Progress

### 3. Accountability

#### Utilize data to identify positive quality outcomes and needed system changes

Deliverable	Drivers	Due Date	Status
DSHS Executive leadership collaborates with FYSPRTs to formalize the executive level role in the Children’s Mental Health Governance structure in order to provide sustainable support and assure accountability for quality outcomes and needed system change	1088, TR, 2536	June 2013	In Progress
Develop children’s Measures of Statewide performance that include: physical and mental health; safe and stable homes; success in school; supportive social/community relationships; evidence-based clinical practice that is family-driven, youth-guided and culturally competent; and a continuum of available and accessible services	1088, TR	June 2013	In Progress
Standardize encounter reporting for RSNs to promote benchmarks and utilization expectations for EBPs and intensive services	TR, 2536	June 2013	In progress
Interview youth, families, RSNs, providers, and local child-serving system representatives regarding system of care implementation progress in an annual process evaluation	TR, 1088	Baseline and periodic	In progress
Develop Children’s Quality Plan and incorporate into DBHR Quality Management Plan	TR	June 2013	In Progress